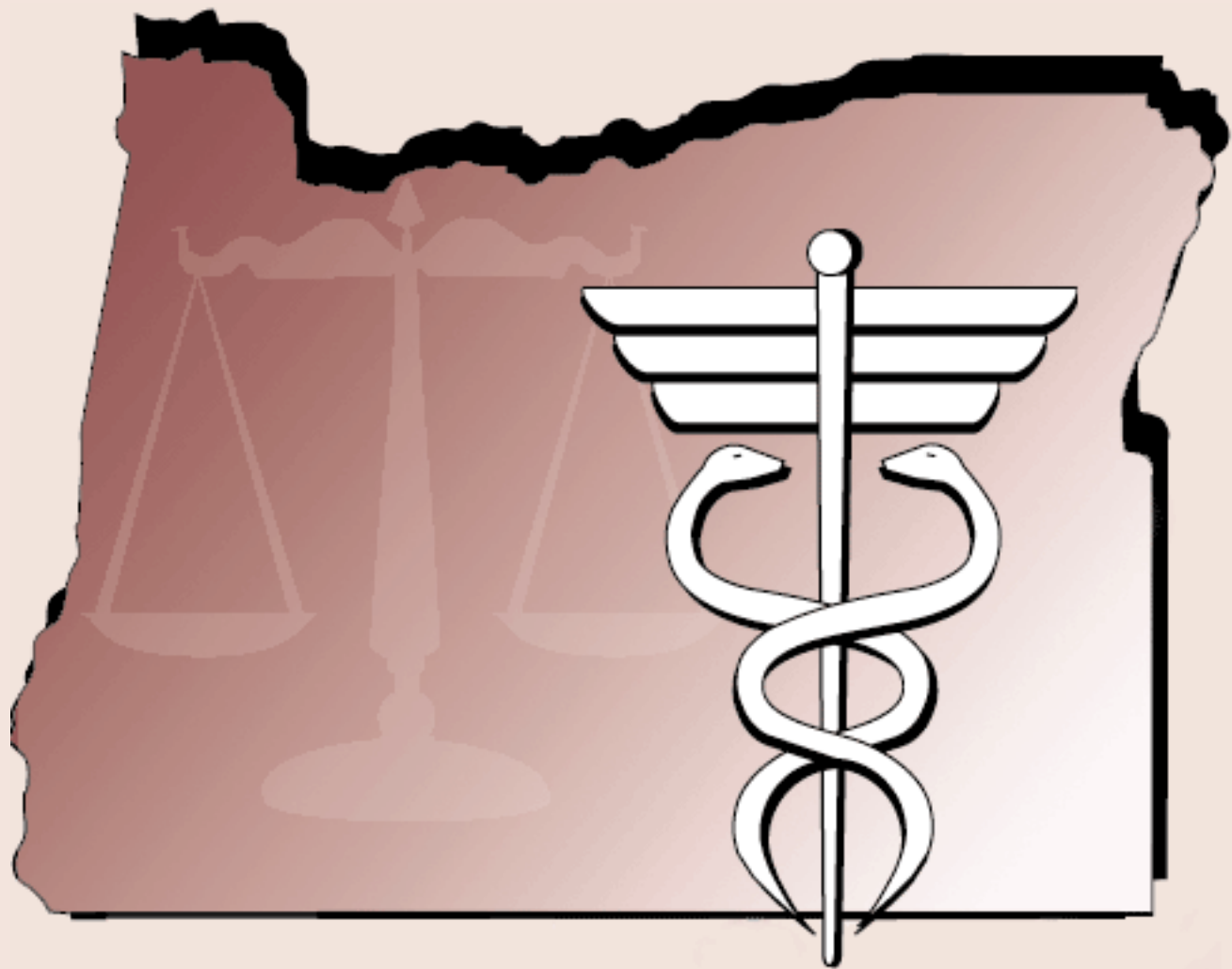


# Oregon Workers' Compensation Medical Dispute Activity



Fiscal Year 1998

Research & Analysis Section  
Oregon Department of Consumer  
& Business Services



December 1999

# Oregon Workers' Compensation Medical Dispute Activity Fiscal Year 1998

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December 1999

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## Introduction

Workers' compensation medical dispute resolution within the Department of Consumer & Business Services is provided by the Medical Review Unit of the Workers' Compensation Division. This unit provides dispute resolution for insurers, medical providers, and injured workers through the implementation of an administrative process as mandated by the Oregon Revised Statutes and Administrative Rules.

Under Workers' Compensation Law, insurers, medical providers, and injured workers may request review of disputes by the director. Review may be requested for disputes related to fees, medical treatment, palliative care, changes of attending physician, or requests for additional insurer medical exams (IMEs). Standards for submission of these requests are defined by Administrative Rule and by Bulletin.

In February of 1990, a new section of the Workers' Compensation Division, the Medical Review and Abuse

Section, was created to resolve medical disputes. In 1992, during the reorganization of the Workers' Compensation Division, two issues, previously the responsibility of the Medical Review and Abuse Section, were moved to the Benefits Section. The Medical Review and Abuse Section was also reorganized and renamed the Medical Review Unit. This unit now resolves disputes related to palliative care, medical treatment, medical services and fees. The Benefits Section currently resolves disputes related to changes of attending physician and requests for additional IMEs.

This statistical report presents information regarding the medical dispute activity in the areas of palliative care, medical services, medical treatment, fees, change of attending physician, and IMEs for fiscal year 1998 (FY98). The data include disputes received, disputes resolved, processing times, appeals of the orders, backlog, general requests, and reconsiderations. More detailed information is available upon request from the Research & Analysis Section of the Department of Consumer & Business Services.

## Highlights

- In FY98, 829 medical disputes were received by the Workers' Compensation Division (WCD). Of these, 423 (51 percent) were medical services disputes, 188 (23 percent) were treatment disputes, 139 (17 percent) were fee/unpaid medical bill disputes, 34 (4 percent) were change of physician disputes, 32 (4 percent) were palliative care disputes, and 13 (2 percent) were insurer medical exam (IME) requests.
- An average of 69 disputes were received per month in FY98 ranging from a low of 47 in February 1998 to a high of 118 in August 1997.
- A total of 794 medical disputes were resolved in FY98 averaging 66 per month. Monthly resolutions ranged from a low of 38 in January 1998 to a high of 88 in September 1997.
- Of the 794 disputes resolved, 351 (44 percent) were dismissed, 210 (26 percent) were approved, 156 (20 percent) were disapproved, and 39 (5 percent) were partially approved.
- Of the 794 resolutions in FY98, 357 (45 percent) resolved medical services disputes, 202 (25 percent) were fee/unpaid medical bill dispute orders, 166 (21 percent) were treatment dispute orders, 32 (4 percent) resolved change of physician disputes, 24 (3 percent) were palliative care dispute orders, and 13 (2 percent) were resolved IME requests.
- The total number of processing days from the initial receipt of the dispute to resolution averaged 101 days in FY98 as compared to 117 days in FY97 for those disputes resolved by order. Treatment dispute averaged 137, medical services disputes averaged 109 days, palliative care disputes averaged 102 days, fee/unpaid medical bill disputes averaged 71 days, change of physician requests averaged 52 days, and IME disputes averaged 43 days.
- Outside physician reviewers were utilized for 89 (16 percent) of the 547 treatment, medical services or palliative care orders issued in FY98. The time lag from the date that the outside review was established by WCD to the date that the reviewer's report was received averaged 28 days.
- Of the 794 orders issued in FY98, 87 (11 percent) were appealed. Of the 69 appeals that have been resolved, 22 orders (32 percent) were affirmed, six (8 percent) were reversed, and four (6 percent) were either set aside or resulted in a partial outcome. The remaining 54 percent were either settled by stipulation, dismissed, or withdrawn.
- The backlog of unresolved disputes at the beginning of FY98 (July 1, 1997) was 178, of which 45 were beyond the statutory or non-statutory time lines. By the beginning of FY99 (July 1, 1998) the backlog had increased to 215 with 106 of these beyond the time lines.
- In FY98, 135 disputes involving MCOs were received. This represented 16 percent of all of the disputes received that year. Forty-seven percent were medical services disputes, 43 percent treatment disputes, 7 percent palliative care disputes, and 4 percent were fee/unpaid medical bill disputes.
- In FY98, 140 general informational requests were received; 130 general letters were issued in response to the general requests during FY98.
- In FY98, there were 18 reconsiderations: ten were denied, four upheld the MRU order, two modified the order, one reversed the order and one was resolved by stipulation.

## Medical Dispute Activity

### Disputes received

Disputes received increased by 13 percent from FY97 to FY98. A total of 829 issue requests for dispute resolution were received during FY98 compared to 734 received during FY97 (see Text Table 1). Insurer medical exam (IME) disputes decreased by 19 percent. Over the last three fiscal years IME disputes have fallen by an average of 21 percent each year. Disputes relating to treatments decreased by 18 percent. In addition, change of physician disputes fell by eight percent. The large decrease in fee/unpaid medical bill disputes and palliative care disputes are a result of a new issue, medical services disputes, being defined in December 1996. Many issues formerly defined as palliative care or fee/unpaid medical bill disputes are now categorized as medical services disputes; subsequently the large increase in medical services disputes from FY97 to FY98 is largely due to these changes in data definitions.

Medical services disputes was the largest category of requests for dispute resolution. In FY98, 423 of the 829 disputes received (51 percent) were medical services disputes. Treatment disputes was the second most frequent type of request totaling 188 (23 percent) in FY98. Fee/unpaid medical bill disputes was the third most frequent type of request with a total of 139 (17 percent).

**Text Table 1. Medical dispute activity, FY93-98**

	Change physn	Fee dispute	IME	Pall care	Med srvs*	Treat- ment	Total
<b>Received</b>							
FY93	73	581	28	177	—	339	1198
FY94	35	287	25	47	—	177	571
FY95	44	207	26	41	—	113	431
FY96	53	395	20	72	9	366	915
FY97	37	313	16	63	77	228	734
FY98	34	139	13	32	423	188	829
<b>Resolved</b>							
FY93	81	683	33	183	—	396	1376
FY94	36	313	25	58	—	225	657
FY95	41	218	26	42	—	106	433
FY96	52	232	22	32	—	257	595
FY97	40	427	15	100	57	284	923
FY98	32	202	13	24	357	166	794

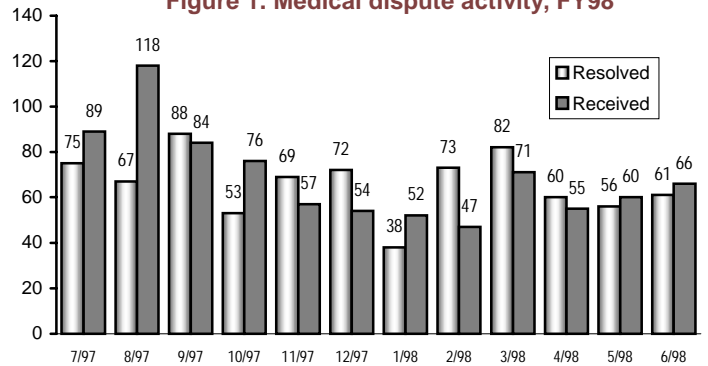
\*Medical services was not defined as an issue until December 1996.

An average of 69 disputes were received a month ranging from a low of 47 in February 1998 to a high of 118 in August 1997 (see Figure 1). Again, medical services disputes were the most frequent type of request averaging 35 per month during FY98. Treatment disputes averaged 16 per month while fee/unpaid medical bill disputes averaged almost 12 per month (see Appendix Table 3).

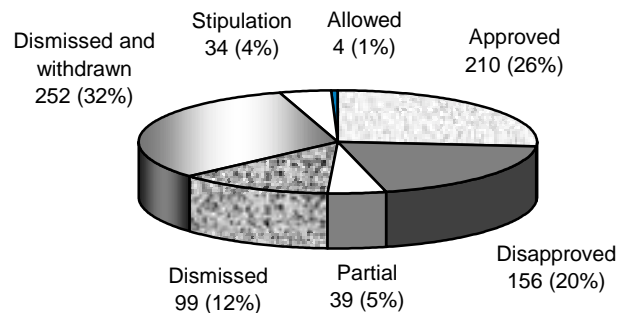
### Disputes resolved

During FY98, 794 disputes were resolved averaging 66 orders per month (see Figure 1). Monthly resolutions ranged from a low of 38 in January 1998 to a high of 88 in September 1997. The number of resolutions were almost equal to the number of disputes received. Of the 794 orders issued, 351 (44 percent) were orders of dismissal, 210 (26 percent) were orders of approval, 156 (20 percent) were disapprovals, and 39 (5 percent) were partial approvals (see Figure 2). The remaining five percent were resolved by stipulation or were allowed.

**Figure 1. Medical dispute activity, FY98**



**Figure 2. Medical dispute orders, FY98**



In FY98, 357 (45 percent) of the 794 orders resolved medical services disputes (see Text Table 2). The Medical Review Unit issued orders that approved 113 (32 percent) of the disputed medical services cases, partially approved 24 (7 percent), disapproved 74 (21 percent), and dismissed 138 (39 percent) cases. The eight remaining cases were settled by stipulation (see Appendix Table 6).

Fee disputes/unpaid medical bill complaints accounted for 202 (25 percent) of the 794 orders issued in FY98. Additional reimbursement was approved by 29 (14 percent) of the fee disputes/unpaid medical bill orders, partially approved by six (3 percent), disapproved by 37 (18 percent) of the orders, and dismissed by 128 (63 percent). The remaining two cases were settled by stipulation.

Treatment dispute orders were third in frequency with 166 (21 percent) issued during FY98. Forty-eight (29 percent) of the treatment dispute orders were approvals, nine (5

**Text Table 2. Medical dispute orders by issue, FY98**

	Change physn	Fee	IME	Pall care	Med srvs	Treat- ment	Total
Approved	8	29	8	4	113	48	210
Allowed*	3	NA	1	NA	NA	NA	4
Disapproved	9	37	1	4	74	31	156
Partial Appr.	0	6	0	0	24	9	39
Stipulation	0	2	0	6	8	18	34
Dismissed	12	128	3	10	138	60	351
<b>Total</b>	<b>32</b>	<b>202</b>	<b>13</b>	<b>24</b>	<b>357</b>	<b>166</b>	<b>794</b>

\*"Allowed" is an order used only for change of physician and IME issues.

percent) were partial approvals, 31 (19 percent) of the orders were disapprovals and 60 (36 percent) were orders to dismiss the dispute. The remaining 18 (11 percent) treatment disputes were settled by stipulation (see Appendix Table 6).

**Processing times**

The total number of processing days from the initial receipt of the dispute to resolution for orders issued in FY98 averaged 101 days, compared to 97 days for orders issued in FY96 and 117 days for FY97 orders (see Text Table 3). Treatment dispute orders averaged 137 days from receipt to resolution in FY98, medical services orders averaged 109 days, palliative care averaged 102 days, fee/unpaid medical bill averaged 71 days, change of physician averaged 52 days, and IME orders averaged 43 days.

**Text Table 3. Average processing days for orders, FY94-98**

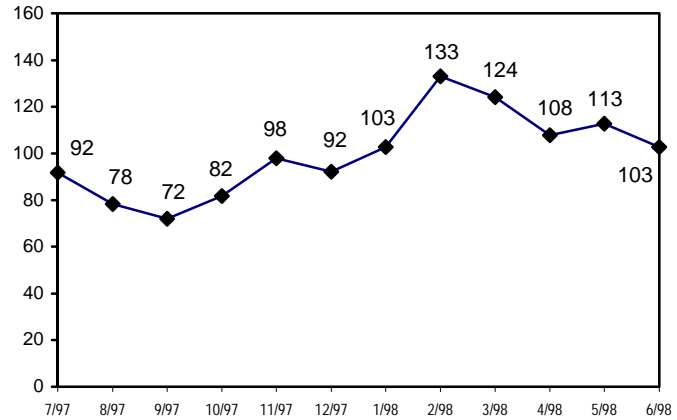
	Change physn	Fee	IME	Pall care	Med srvs	Treat- ment	Total
FY94	50	47	31	53	—	59	51
FY95	58	27	33	35	—	52	37
FY96	62	113	33	85	—	97	97
FY97	60	107	28	115	105	147	117
FY98	52	71	43	102	109	137	101

A portion of this processing time can be attributed to the involvement of outside physician reviewers. These reviewers or panels of reviewers may be appointed by the department to review the disputed treatment, medical services or palliative care. Of the 547 treatment, medical services or palliative care orders issued in FY98, 89 (16 percent) utilized outside physician review. The length of time from the date of the department’s letter establishing the outside review to the date that the physician’s report was received averaged 28 days; this was a decrease of two days from FY97 (see Appendix Table 12).

**Appeals**

Orders from fee/unpaid medical bill disputes, medical services disputes, palliative care disputes, treatment disputes,

**Figure 3. Average processing days by month, FY98**



and change of attending physician are appealed to the director of the Department of Consumer & Business Services for review, while IME orders are appealed to the Worker’s Compensation Hearings Division. Of the 794 orders issued in FY98, 87 (11 percent) were appealed, all of which were appeals to the director. As of May 28, 1999, 69 of the appealed orders had been resolved. Twenty-two (32 percent) of the resolved appeals were affirmed, six (9 percent) were reversed, and four (6 percent) were either set aside or resulted in a partial outcome. The remaining 54 percent were either settled by stipulation (9 percent), dismissed (16 percent), or withdrawn (29 percent) (see Appendix Table 14).

**Text Table 4. Results of appeals of FY98 orders**

	Fee	Pall care	Med srvs	Treat- ment	Total
Affirmed	3	1	12	6	22
Reversed	1	0	4	1	6
Withdrawn	3	0	12	5	20
Dismissed	5	0	3	3	11
Stipulation	2	0	2	2	6
Other	2	0	0	1	3
Partial	0	0	1	0	1
<b>Total</b>	<b>16</b>	<b>1</b>	<b>34</b>	<b>18</b>	<b>69</b>

**Unresolved disputes**

At the beginning of FY98 (July 1, 1997), 178 medical disputes were unresolved. Of those, 45 (25 percent) were beyond the statutory or non-statutory time lines for resolution while 133 (75 percent) were still within these time lines. At the beginning of FY99 (July 1, 1998), 215 disputes were unresolved with 106 (49 percent) of these beyond the time lines. Thus, there was an increase of 61 disputes in the





## Appendix A

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### Laws Relating to Medical Dispute Resolution

Senate Bill 1197, effective July 1, 1990, directed the Department of Insurance & Finance (now the Department of Consumer & Business Services) to provide a dispute resolution process for medically-related disputes. In part, the intent of the bill was to reduce litigation by placing the responsibility for medical decisions on medical personnel in the Workers' Compensation Division.

Statutory authority to resolve medical disputes has been given to the director under Oregon Revised Statutes (ORS) 656.245, 656.248, 656.260, 656.325, and 656.327.

Following a court decision in October, 1993, the director no longer had jurisdiction over disputes involving proposed medical treatment. This contributed to the decline in requests for medical dispute resolution in FY94. However, Senate Bill 369, effective June 7, 1995 brought this jurisdiction back to the director. This may have contributed to the increase in treatment dispute activity during FY96.

Senate Bill 369 also allowed the worker (not just the worker's attending physician) to request approval for palliative care if the insurer denied the care. The increase in palliative care disputes received in FY96 is consistent with this new law.

Effective October 4, 1997 Senate Bill 118, reacting to the "Guardado" decision, allowed only one reconsideration per claim closure.

Oregon Administrative Rules (OAR) have been developed to carry out the statutory provisions and responsibilities. Guidelines for administering the delivery of and payment for medical services to injured workers within the workers' compensation system are established by OAR Chapter 436, Divisions 9 and 10.

Specific procedures for the submission of medical disputes are identified by the Divisions 9 and 10 rules and by bulletin. For example, OAR 436-10-0008 describes the administrative review process for the resolution of palliative care disputes and medical services disputes. Guidelines for choosing and changing medical providers are described in OAR 436-10-0220, OAR 436-10-0270 describes the insurer's rights and duties regarding medical examinations, and OAR 436-09-0008 provides procedures for resolving fee disputes.

## Appendix B

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### Definition of Terms

- Medical dispute – A dispute that arises out of a formal decision relating to palliative care, medical provider fees, medical treatment, requests for an additional change of attending physician, medical services or additional IME.
- Palliative care – The attending physician (or injured worker) requests approval of palliative care to enable the worker to continue current employment after the worker has become medically stationary.
- Fee dispute/unpaid medical bills – A dispute between the insurer and medical provider regarding the amount of a fee for medical services. Usually the medical provider requests reimbursement on an unpaid or reduced bill.
- Medical treatment dispute – The insurer or worker claims that the medical provider's treatment is inappropriate, excessive, ineffectual, or in violation of the administrative rules.
- Change of attending physician – The worker requests an additional change of attending physician beyond the two changes allowed in the administrative rules.
- Medical services disputes – Any issue that is not a palliative care issue, such as disputes about the services to which a worker is entitled.
- Insurer medical exam (IME) – The insurer requests an additional medical exam of the worker beyond the three allowed in the administrative rules.
- Issue-related general request – Requests that are not considered valid disputes or of a more general nature relating to palliative care, medical provider fees, medical treatment, changes of attending physician, medical services or medical exams of the worker. These requests are resolved by a general informational letter.
- Dispute outcomes – Medical disputes are resolved by a Director's order. Outcomes of medical dispute orders are described below.
  - ▲ Approval – Includes ordering payment to the provider, approving palliative care, approving all of the medical provider's treatment, or approving an additional change of attending physician or IME.

- ▲ Disapproval – Includes disapproving any additional payment to the provider, disapproving the requested palliative care, disapproving all of the medical provider’s treatment, or disapproving an additional change of attending physician or IME.
  - ▲ Stipulation – When a written agreement is reached between all parties to a dispute usually arrived at through mediation.
  - ▲ Allowed – Formerly subsumed under dismissal, used only for change of attending physician and IME issues when statutory limitation regarding the number of changes has not been exceeded.
  - ▲ Partial – Part, but not all, of the request for additional reimbursement, palliative care, or treatment has been approved.
  - ▲ No bona fide dispute – No substantial evidence exists to create a bona fide treatment dispute. This is usually due to the absence of a dissenting medical opinion from the insurer. (No longer used. Since FY95 these outcomes have been defined as dismissals.)
  - ▲ Dismissal – The director dismisses the dispute for a variety of reasons including inappropriate or incomplete submission of the dispute, untimely submission, or because the dispute was withdrawn by the requesting party.
- Reconsiderations – Added in July 1996. Used when MRU reviews their own orders pertaining to any of the medical disputes.
- The backlog of unresolved disputes may be within or beyond the statutory or nonstatutory time lines. These time lines, as defined in FY96, are described below by type of dispute.
- Change of attending physician and IME – Requests for an additional change of attending physician or medical exam remaining unresolved over 45 days from the date of initial receipt. This has been established by policy rather than by statute or administrative rule.
  - Fee dispute – Fee disputes or complaints of unpaid medical bills remaining unresolved over 60 days from the date of initial receipt. This 60-day period has been established as policy by the Medical Review Unit. Neither statute nor administrative rule specifies a time line for this type of dispute.
  - Palliative care – Requests for palliative care remaining unresolved over 30 days from the date of initial receipt if an outside physician review was not necessary. If, however, an outside review was necessary, this time frame was extended to 75 days. These time lines were established by administrative rule, in effect until May 3, 1996. After May 3, 1996, neither statute nor administrative rule specified a time line for this type of dispute.
  - Treatment dispute – Treatment disputes remaining unresolved over 60 days from date of initial receipt. This period of time has been established by statute (ORS 656.327).

### **Limitations of the Data**

A data system was developed in March of 1991 to track medical dispute resolution activity of the Medical Review and Abuse Section. The original intent of this system was to report basic information regarding the receipt and resolution of medical disputes. It was not designed to track work flow in the dispute resolution process. The system is, therefore, limited in the amount of information that it is capable of tracking. Additionally, because the system was not originally intended to track requests of a more general nature, FY92 data presented in prior reports does not reflect the entire activity of this section.

A modification of the data system in late 1991 enhanced its ability to track a broader range of activity. Requests that were more generally related to palliative care, fees, treatment, change of attending physician, and IMEs not previously tracked by the system began to be tracked at this time. A few data definitions changed as a result of this evolving process. Additional enhancements to the data system in FY94 were made to track medical disputes

involving managed care organizations (MCOs). In 1996 medical services dispute was added as a new issue. This issue was split off from some issues formerly defined as palliative care and fee disputes. In 1997 a new order outcome, allowed, was added. Allowed is only used for disputes dealing with IME and change of physician. This outcome is used to describe some outcomes that formerly had been subsumed under dismissal. For the above reasons, statistical comparisons of dispute activity from year to year are limited.

Procedural changes during FY92 and at the beginning of FY93 resulted in shifts in the data. Some requests that would have been resolved by order in FY91 were resolved by general letters in FY92. On the other hand, some requests that would have been resolved by general letters in FY92 were resolved by orders of dismissal in FY93.

Shifts in data from previous years are the result of record updates to correct incomplete data or errors.

## Appendix D

**Table 1. Dispute resolution requests received, FY93-FY98**

Issue		Year of receipt						Total
		FY93	FY94	FY95	FY96	FY97	FY98	
Change physician	N	73	35	44	53	37	34	276
	%	6.1	6.1	10.2	5.8	5.0	4.1	5.9
Fee/unpaid	N	581	287	207	395	313	139	1922
	%	48.5	50.3	48.0	43.2	42.6	16.8	41.1
IME	N	28	25	26	20	16	13	128
	%	2.3	4.4	6.0	2.2	2.2	1.6	2.7
Palliative care	N	177	47	41	72	63	32	432
	%	14.8	8.2	9.5	7.9	8.6	3.9	9.2
Medical services	N	n/a	n/a	n/a	9	77	423	509
	%	—	—	—	1.0	10.5	51.0	10.9
Treatment	N	339	177	113	366	228	188	1411
	%	28.3	31.0	26.2	40.0	31.1	22.7	30.2
Grand Total	N	1198	571	431	915	734	829	4678
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Medical services were not defined as an issue until December 1996; many issues formerly defined as palliative care or fee disputes are now categorized as medical service disputes.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

**Table 2. Issue-related general requests received, FY93-FY98**

Issue		Year of receipt						Total
		FY93	FY94	FY95	FY96	FY97	FY98	
Total	N	504	411	345	133	132	140	1665
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

**Table 3. Dispute resolution requests by month of receipt, FY98**

Issue	Month of receipt												Total	AVR
	Jul-97	Aug-97	Sep-97	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98	Apr-98	May-98	Jun-98		
Change physician	3	4	4	1	2	0	5	3	6	2	1	3	34	2.8
Fee/unpaid	38	60	22	2	2	1	1	0	3	3	3	4	139	11.6
IME	2	0	2	2	1	0	0	0	2	2	2	0	13	1.1
Palliative care	5	3	2	3	3	1	1	5	3	4	2	0	32	2.7
Medical services	23	39	40	51	34	35	28	29	38	32	36	38	423	35.3
Treatment	18	12	14	17	15	17	17	10	19	12	16	21	188	15.7
All Disputes	89	118	84	76	57	54	52	47	71	55	60	66	829	69.1

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

**Table 4. Issue-related general requests by month of receipt, FY98**

Issue	Month of receipt												Total
	Jul-97	Aug-97	Sep-97	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98	Apr-98	May-98	Jun-98	
General	5	4	5	9	12	7	8	10	12	23	15	18	128
Change physician	0	0	1	1									2
Fee/unpaid	2	1	3	0									6
IME	0	0	0	0									0
Palliative care	0	0	0	0									0
Medical services	1	0	1	0									2
Treatment	0	1	0	1									2
All general issues	8	6	10	11	12	7	8	10	12	23	15	18	140

\*\*After October 1997, general requests were no longer tracked by issue.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

## Appendix D (cont.)

**Table 5. Resolutions of disputes and general issue-related requests, FY93-FY98**

Outcome		Year of resolution						Total
		FY93	FY94	FY95	FY96	FY97	FY98	
Approved	N	334	172	103	125	222	210	1166
	%	17.4	16.0	13.2	17.6	21.0	22.7	18.1
Disapproved	N	221	118	85	134	211	156	925
	%	11.5	11.0	10.9	18.8	19.9	16.9	14.4
Partial	N	63	25	8	9	29	39	173
	%	3.3	2.3	1.0	1.3	2.7	4.2	2.7
No bona fide dispute	N	15	7	n/a	n/a	n/a	n/a	n/a
	%	0.8	0.7	—	—	—	—	—
Dismissed	N	423	203	124	247	237	99	1333
	%	22.1	18.9	15.9	34.7	22.4	10.7	20.7
Dismissed and withdrawn	N	300	125	111	80	202	252	1070
	%	15.6	11.7	14.2	11.2	19.1	27.4	16.7
Dismissed at hearings	N	20	7	2	0	0	0	29
	%	1.0	0.7	0.3	0.0	0.0	0.0	0.5
Stipulation	N	0	0	0	0	14	34	48
	%	0.0	0.0	0.0	0.0	1.3	3.7	0.7
General letter	N	541	415	347	117	135	130	1685
	%	28.2	38.7	44.5	16.4	12.8	14.0	26.2
Allowed	N	n/a	n/a	n/a	n/a	8	4	n/a
	%	—	—	—	—	0.8	0.4	—
Grand Total	N	1917	1072	780	712	1058	924	6463
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Outcome "No bona fide dispute" is no longer used; these issues are now counted as dismissed.  
 Abatement orders and their corresponding issues are not counted.  
 Allowed was not defined as an outcome until January 1997.  
 Due to rounding, percentage totals may not equal 100.  
 Total percents exclude n/a categories, "No bona fide dispute," and "Allowed."

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

Table 6. Resolutions of disputes by issue, FY93-FY98

Issue	Outcome		Year of resolution						
			FY93	FY94	FY95	FY96	FY97	FY98	Total
Change physician	Approved	N	25	8	13	15	16	8	85
		%	30.9	22.2	31.7	28.8	40.0	25.0	31.0
	Disapproved	N	11	7	5	9	13	9	54
		%	13.6	19.4	12.2	17.3	32.5	28.1	19.7
	Dismissed	N	39	20	20	28	6	9	122
		%	48.1	55.6	48.8	53.8	15.0	28.1	44.5
	Dismissed & withdrawn	N	6	1	3	0	0	3	13
		%	7.4	2.8	7.3	0.0	0.0	9.4	4.7
	Allowed	N	n/a	n/a	n/a	n/a	5	3	n/a
		%	---	---	---	---	12.5	9.4	---
Subtotal	N	81	36	41	52	40	32	282	
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Fee/unpaid	Outcome								
	Approved	N	144	74	26	35	90	29	398
		%	21.1	23.6	11.9	15.1	21.1	14.4	19.2
	Disapproved	N	85	35	34	29	73	37	293
		%	12.4	11.2	15.6	12.5	17.1	18.3	14.1
	Partial	N	15	13	5	5	19	6	63
		%	2.2	4.2	2.3	2.2	4.4	3.0	3.0
	Dismissed	N	183	82	60	106	105	27	563
		%	26.8	26.2	27.5	45.7	24.6	13.4	27.1
	Dismissed & withdrawn	N	239	103	92	57	140	101	732
		%	35.0	32.9	42.2	24.6	32.8	50.0	35.3
	Dismissed at hearing	N	17	6	1	0	0	0	24
		%	2.5	1.9	0.5	0.0	0.0	0.0	1.2
	Stipulation	N	0	0	0	0	0	2	2
		%	0.0	0.0	0.0	0.0	0.0	1.0	0.1
	Subtotal	N	683	313	218	232	427	202	2075
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	IME	Outcome							
Approved		N	22	11	12	12	8	8	73
		%	66.7	44.0	46.2	54.5	53.3	61.5	56.2
Disapproved		N	2	6	6	3	4	1	22
		%	6.1	24.0	23.1	13.6	26.7	7.7	16.9
Partial		N	0	0	1	0	0	0	1
		%	0.0	0.0	3.8	0.0	0.0	0.0	0.8
Dismissed		N	7	7	6	7	0	3	30
	%	21.2	28.0	23.1	31.8	0.0	23.1	23.1	

(cont.)

## Appendix D (cont.)

Table 6. Resolutions of disputes by issue, FY93-FY98 (cont.)

Issue	Outcome		Year of resolution						Total	
			FY93	FY94	FY95	FY96	FY97	FY98		
IME (cont.)	Dismissed & withdrawn	N	2	1	1	0	0	0	4	
		%	6.1	4.0	3.8	0.0	0.0	0.0	3.1	
	Allowed	N	n/a	n/a	n/a	n/a	3	1	n/a	
		%	—	—	—	—	20.0	7.7	—	
	Subtotal	N	33	25	26	22	15	13	134	
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Palliative care	Outcome									
	Approved	N	32	18	17	4	21	4	96	
		%	17.5	31.0	40.5	12.5	21.0	16.7	21.9	
	Disapproved	N	26	17	15	14	29	4	105	
		%	14.2	29.3	35.7	43.8	29.0	16.7	23.9	
	Partial	N	2	3	0	1	1	0	7	
		%	1.1	5.2	0.0	3.1	1.0	0.0	1.6	
	Dismissed	N	115	19	6	9	33	8	190	
		%	62.8	32.8	14.3	28.1	33.0	33.3	43.3	
	Dismissed & withdrawn	N	7	1	4	4	6	2	24	
		%	3.8	1.7	9.5	12.5	6.0	8.3	5.5	
	Dismissed at hearing	N	1	0	0	0	0	0	1	
		%	0.5	0.0	0.0	0.0	0.0	0.0	0.2	
	Stipulation	N	0	0	0	0	10	6	16	
		%	0.0	0.0	0.0	0.0	10.0	25.0	3.6	
	Subtotal	N	183	58	42	32	100	24	439	
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	Medical services	Outcome								
		Approved	N	**				18	113	131
			%					31.6	31.7	31.6
Disapproved		N					17	74	91	
		%					29.8	20.7	22.0	
Partial		N					0	24	24	
		%					0.0	6.7	5.8	
Dismissed		N					15	26	41	
		%					26.3	7.3	9.9	
Dismissed & withdrawn		N					4	112	116	
		%					7.0	31.4	28.0	
Stipulation		N					3	8	11	
		%					5.3	2.2	2.7	
Subtotal		N					57	357	414	
	%					100.0	100.0	100.0		

(cont.)

Table 6. Resolutions of disputes by issue, FY93-FY98 (cont.)

Issue	Outcome		Year of resolution						Total
			FY93	FY94	FY95	FY96	FY97	FY98	
Treatment	Approved	N	111	61	35	59	69	48	383
		%	28.0	27.1	33.0	23.0	24.3	28.9	27.1
	Disapproved	N	97	53	25	79	75	31	360
		%	24.5	23.6	23.6	30.7	26.4	18.7	25.5
	Partial	N	46	9	2	3	9	9	78
		%	11.6	4.0	1.9	1.2	3.2	5.4	5.5
	No bona fide dispute	N	15	7	n/a	n/a	n/a	n/a	n/a
		%	3.8	3.1	—	—	—	—	—
	Dismissed	N	79	75	32	97	78	26	387
		%	19.9	33.3	30.2	37.7	27.5	15.7	27.4
	Dismissed & withdrawn	N	46	19	11	19	52	34	181
		%	11.6	8.4	10.4	7.4	18.3	20.5	12.8
	Dismissed at hearing	N	2	1	1	0	0	0	4
		%	0.5	0.4	0.9	0.0	0.0	0.0	0.3
	Stipulation	N	0	0	0	0	1	18	19
		%	0.0	0.0	0.0	0.0	0.4	10.8	1.3
	Subtotal	N	396	225	106	257	284	166	1434
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Grand Total		N	1376	657	433	595	923	794	4778

Note: \*\*Medical services were not defined as an issue until December 1996.

Allowed was not defined as an outcome until January 1997.

Due to rounding, percentage totals may not equal 100.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.



# Appendix D (cont.)

**Table 7. Resolutions of disputes by month resolved, FY98**

Issue	Outcome		Jul-97	Aug-97	Sep-97	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98	Apr-98	May-98	Jun-98	Total	
Change physician	Approved	N	0	1	0	1	0	1	1	0	2	1	0	1	8	
		%	0.0	25.0	0.0	33.3	0.0	50.0	50.0	0.0	50.0	33.3	0.0	50.0	25.0	
	Disapproved	N	1	2	0	1	2	0	0	0	1	1	1	1	0	9
		%	33.3	50.0	0.0	33.3	100.0	0.0	0.0	0.0	25.0	33.3	33.3	33.3	0.0	28.1
	Dismissed	N	0	1	2	1	0	0	0	1	1	1	1	1	1	9
		%	0.0	25.0	66.7	33.3	0.0	0.0	0.0	100.0	25.0	33.3	33.3	33.3	50.0	28.1
	Dismissed & withdrawn	N	2	0	0	0	0	0	0	0	0	0	0	1	0	3
		%	66.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	9.4
	Allowed	N	0	0	1	0	0	1	1	0	0	0	0	0	0	3
		%	0.0	0.0	33.3	0.0	0.0	50.0	50.0	0.0	0.0	0.0	0.0	0.0	0.0	9.4
Subtotal	N	3	4	3	3	2	2	2	2	1	4	3	3	2	32	
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Fee/unpaid	Outcome															
	Approved	N	2	4	15	1	5	1	0	0	0	0	0	0	1	29
		%	6.5	11.1	24.6	4.0	12.5	20.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	14.4
	Disapproved	N	6	15	8	4	3	1	0	0	0	0	0	0	0	37
		%	19.4	41.7	13.1	16.0	7.5	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	18.3
	Partial	N	2	0	3	0	0	0	0	0	0	0	0	0	1	6
		%	6.5	0.0	4.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	3.0
	Dismissed	N	3	9	10	1	3	0	0	0	0	0	0	0	1	27
		%	9.7	25.0	16.4	4.0	7.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	13.4
	Dismissed & withdrawn	N	18	8	25	19	27	3	0	0	1	0	0	0	0	101
%		58.1	22.2	41.0	76.0	67.5	60.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	50.0	
Stipulation	N	0	0	0	0	2	0	0	0	0	0	0	0	0	2	
	%	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	
Subtotal	N	31	36	61	25	40	5	0	0	1	0	0	0	3	202	
	%	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0	0.0	0.0	0.0	100.0	100.0	
IME	Outcome															
	Approved	N	0	3	0	0	2	0	0	0	1	0	2	0	8	
		%	0.0	100.0	0.0	0.0	66.7	0.0	0.0	0.0	50.0	0.0	66.7	0.0	61.5	
	Disapproved	N	0	0	0	0	1	0	0	0	0	0	0	0	1	
		%	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.7	
	Dismissed	N	0	0	0	1	0	0	0	0	1	0	0	1	3	
		%	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	50.0	0.0	0.0	100.0	23.1	
	Allowed	N	0	0	0	0	0	0	0	0	0	0	1	0	1	
		%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	7.7	
	Subtotal	N	0	3	0	1	3	0	0	0	2	0	3	1	13	
%		0.0	100.0	0.0	100.0	100.0	0.0	0.0	0.0	100.0	0.0	100.0	100.0	100.0		

(cont.)

Table 7. Resolutions of disputes by month resolved, FY98 (cont.)

Issue	Outcome		Jul-97	Aug-97	Sep-97	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98	Apr-98	May-98	Jun-98	Total	
Palliative care	Approved	N	0	1	0	0	0	1	0	0	0	0	0	2	4	
		%	0.0	50.0	0.0	0.0	0.0	14.3	0.0	0.0	0.0	0.0	0.0	40.0	16.7	
	Disapproved	N	0	0	0	1	0	0	0	0	0	1	0	0	2	4
		%	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	40.0	16.7
	Dismissed	N	3	1	0	0	0	4	0	0	0	0	0	0	0	8
		%	60.0	50.0	0.0	0.0	0.0	57.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3
	Dismissed & withdrawn	N	0	0	0	0	0	1	0	0	0	0	0	0	1	2
		%	0.0	0.0	0.0	0.0	0.0	14.3	0.0	0.0	0.0	0.0	0.0	0.0	20.0	8.3
	Stipulation	N	2	0	1	0	2	1	0	0	0	0	0	0	0	6
		%	40.0	0.0	100.0	0.0	100.0	14.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0
Subtotal	N	5	2	1	1	2	7	0	0	1	0	0	0	5	24	
	%	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0	0.0	0.0	0.0	100.0	100.0	
Medical services	Outcome															
	Approved	N	6	2	2	2	5	4	5	6	16	21	19	25	113	
		%	50.0	33.3	22.2	33.3	45.5	10.3	17.2	10.2	27.6	47.7	44.2	61.0	31.7	
	Disapproved	N	3	1	2	1	0	10	7	8	11	9	15	7	74	
		%	25.0	16.7	22.2	16.7	0.0	25.6	24.1	13.6	19.0	20.5	34.9	17.1	20.7	
	Partial	N	0	1	0	0	0	0	0	5	5	4	3	6	24	
		%	0.0	16.7	0.0	0.0	0.0	0.0	0.0	8.5	8.6	9.1	7.0	14.6	6.7	
	Dismissed	N	2	1	4	1	1	1	0	9	4	2	1	0	26	
		%	16.7	16.7	44.4	16.7	9.1	2.6	0.0	15.3	6.9	4.5	2.3	0.0	7.3	
	Dismissed & withdrawn	N	0	1	1	1	4	23	14	31	22	7	5	3	112	
		%	0.0	16.7	11.1	16.7	36.4	59.0	48.3	52.5	37.9	15.9	11.6	7.3	31.4	
	Stipulation	N	1	0	0	1	1	1	3	0	0	1	0	0	8	
		%	8.3	0.0	0.0	16.7	9.1	2.6	10.3	0.0	0.0	2.3	0.0	0.0	2.2	
	Subtotal	N	12	6	9	6	11	39	29	59	58	44	43	41	357	
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	

(cont.)

## Appendix D (cont.)

**Table 7. Resolutions of disputes by month resolved, FY98 (cont.)**

Issue	Outcome		Jul-97	Aug-97	Sep-97	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98	Apr-98	May-98	Jun-98	Total
Treatment	Outcome														
	Approved	N	6	5	6	5	3	4	2	2	5	2	2	6	48
		%	25.0	31.3	42.9	29.4	27.3	21.1	28.6	15.4	31.3	15.4	28.6	66.7	28.9
	Disapproved	N	6	4	4	1	2	1	1	4	1	4	2	1	31
		%	25.0	25.0	28.6	5.9	18.2	5.3	14.3	30.8	6.3	30.8	28.6	11.1	18.7
	Partial	N	2	0	1	2	0	2	0	1	1	0	0	0	9
		%	8.3	0.0	7.1	11.8	0.0	10.5	0.0	7.7	6.3	0.0	0.0	0.0	5.4
	Dismissed	N	4	4	2	3	3	3	2	3	2	0	0	0	26
		%	16.7	25.0	14.3	17.6	27.3	15.8	28.6	23.1	12.5	0.0	0.0	0.0	15.7
	Dismissed & withdrawn	N	4	3	1	5	0	5	1	2	5	3	3	2	34
		%	16.7	18.8	7.1	29.4	0.0	26.3	14.3	15.4	31.3	23.1	42.9	22.2	20.5
	Stipulation	N	2	0	0	1	3	4	1	1	2	4	0	0	18
		%	8.3	0.0	0.0	5.9	27.3	21.1	14.3	7.7	12.5	30.8	0.0	0.0	10.8
	Subtotal	N	24	16	14	17	11	19	7	13	16	13	7	9	166
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Grand Total	N	75	67	88	53	69	72	38	73	82	60	56	61	794
%		9.4	8.4	11.1	6.7	8.7	9.1	4.8	9.2	10.3	7.6	7.1	7.7	100.0	

Note: Abatement orders and their corresponding issues are not counted.  
Due to rounding, percentage totals may not equal 100.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

Table 8. General letter resolutions by month resolved, FY98

Issue		Jul-97	Aug-97	Sep-97	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98	Apr-98	May-9	Jun-98	Total
Change physician	N	0	0	1	1	1	**							
	%	0.0	0.0	12.5	14.3	14.3								
Fee/unpaid	N	6	1	2	2	1								
	%	66.7	16.7	25.0	28.6	14.3								
Medical services	N	0	1	1	1	0								
	%	0.0	16.7	12.5	14.3	0.0								
Treatment	N	2	2	0	2	0								
	%	22.2	33.3	0.0	28.6	0.0								
General	N	1	2	4	1	5	4	4	18	15	19	13	20	130
	%	11.1	33.3	50.0	14.3	71.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Grand Total	N	9	6	8	7	7	4	4	18	15	19	13	20	130
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: \*\*After Nov. 1997 general requests were no longer categorized by issue.  
 Abatement orders and their corresponding issues are not counted.  
 Due to rounding, percentage totals may not equal 100.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

## Appendix D (cont.)

**Table 9. Average number of processing days (all resolutions)  
by fiscal year resolved, FY93-FY98**

Issue		FY93	FY94	FY95	FY96	FY97	FY98	Total
Change physician	Number	81	36	41	52	40	32	282
	Mean	50.5	49.9	58.4	61.7	60.4	51.8	55.2
Fee/unpaid	Number	683	313	218	232	427	202	2075
	Mean	56.6	47.1	27.2	112.9	106.7	71.5	70.1
IME	Number	33	25	26	22	15	13	134
	Mean	44.3	30.9	33.3	33.1	27.7	42.9	35.8
Palliative care	Number	183	58	42	32	100	24	439
	Mean	43.3	53.2	34.7	85.4	104.7	92.0	63.5
Medical services	Number	n/a	n/a	n/a	n/a	57	357	414
	Mean	---	---	---	---	104.6	107.3	106.9
Treatment	Number	396	225	106	257	284	166	1434
	Mean	77.2	58.9	52.0	97.3	146.3	131.7	96.1
All resolved disputes	Number	1376	657	433	595	923	794	4778
	Mean	60.1	51.2	37.3	97.3	115.3	99.5	78.6

Note: Processing days were calculated from receipt of the dispute to resolution for all resolutions.  
Medical services were not defined as an issue until December 1996.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

**Table10. Average number of processing days on disputes resolved by order by fiscal year resolved, FY93-FY98**

Issue		FY93	FY94	FY95	FY96	FY97	FY98	Total
Change physician	Number	81	36	41	52	40	32	282
	Mean	50.5	49.9	58.4	61.7	60.4	51.8	55.2
Fee/unpaid	Number	683	313	218	232	427	200	2073
	Mean	56.6	47.1	27.2	112.9	106.7	71.0	70.1
IME	Number	33	25	26	22	15	13	134
	Mean	44.3	30.9	33.3	33.1	27.7	42.9	35.8
Palliative care	Number	183	58	42	32	90	18	423
	Mean	43.3	53.2	34.7	85.4	114.7	101.8	64.7
Medical services	Number	n/a	n/a	n/a	n/a	54	349	403
	Mean	---	---	---	---	104.9	108.6	108.1
Treatment	Number	396	225	106	257	283	148	1415
	Mean	77.2	58.9	52.0	97.3	146.8	137.0	96.2
All resolved disputes	Number	1376	657	433	595	909	760	4730
	Mean	60.1	51.2	37.3	97.3	116.5	100.5	78.8

Note: Processing days were calculated from receipt of the dispute to resolution for orders only.

Medical services were not defined as an issue until December 1996.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

**Table11. Average number of processing days by month resolved, FY98**

Issue		Jul-97	Aug-97	Sep-97	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98	Apr-98	May-98	Jun-98	Total
Change physician	Number	3	4	3	3	2	2	2	1	4	3	3	2	32
	Mean	31.7	59.5	27.7	43.3	89.0	72.0	79.5	20.0	43.5	30.7	46.3	102.5	51.8
Fee/unpaid	Number	31	36	61	25	40	5	0	0	1	0	0	3	202
	Mean	74.6	75.4	56.4	66.6	90.6	83.6	0.0	0.0	47.0	0.0	0.0	77.3	71.5
IME	Number	0	3	0	1	3	0	0	0	2	0	3	1	13
	Mean	0.0	35.3	0.0	27.0	40.7	0.0	0.0	0.0	85.5	0.0	32.0	36.0	42.9
Palliative care	Number	5	2	1	1	2	7	0	0	1	0	0	5	24
	Mean	72.2	71.0	60.0	42.0	127.5	90.0	0.0	0.0	17.0	0.0	0.0	140.0	92.0
Medical services	Number	12	6	9	6	11	39	29	59	58	44	43	41	357
	Mean	104.8	97.8	47.7	56.0	98.5	93.4	103.8	123.5	131.2	102.9	117.0	85.5	107.3
Treatment	Number	24	16	14	17	11	19	7	13	16	13	7	9	166
	Mean	119.0	91.1	165.9	125.4	135.5	94.9	105.3	185.4	135.4	142.1	150.1	176.9	131.7
All resolved disputes	Number	75	67	88	53	69	72	38	73	82	60	56	61	794
	Mean	91.7	78.3	72.0	81.7	97.9	92.2	102.8	133.1	124.2	107.8	112.8	102.8	99.5

Note: Processing days were calculated from receipt of the dispute to resolution for orders only.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

## Appendix D (cont.)

**Table 12. Average number of processing days for phases of resolution involving physician reviewers by the year resolved, FY97 & FY98**

Issue		FY97			FY98			FY97 & FY98		
		To establish	To panel report	To outcome	To establish	To panel report	To outcome	To establish	To panel report	To outcome
Medical services	Number	4	4	4	8	8	8	12	12	12
	Mean	86.5	56.3	136.8	84.1	16.0	80.3	84.9	29.4	99.1
Palliative care	Number	22	22	22	2	2	2	24	24	24
	Mean	64.9	22.1	55.1	130.0	12.0	91.0	70.3	21.3	58.1
Treatment	Number	118	118	118	79	79	79	197	197	197
	Mean	95.7	30.2	85.5	84.5	29.9	76.2	91.2	30.1	81.8
All panel issues	Number	144	144	144	89	89	89	233	233	233
	Mean	90.7	29.7	82.3	85.5	28.2	76.9	88.7	29.1	80.2

Note: To established = average number of days from receipt of the dispute to the date the panel was established.  
 To panel report = average number of days from date panel was established to the date the panel's report was received.  
 To outcome = average number of days from receipt of the panel's report to the date the dispute was resolved.  
 Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

**Table 13. Status of appeals of orders issued, FY98**

Appeal type	Issue		Pending	Resolved	Total	
Director	Fee/unpaid	N	5	16	21	
		%	23.8	76.2	100.0	
	Palliative care	N	0	1	1	
		%	0.0	100.0	100.0	
	Medical services	N	13	34	47	
		%	27.7	72.3	100.0	
	Treatment	N	0	18	18	
		%	0.0	100.0	100.0	
	Grand total		N	18	69	87
			%	20.7	79.3	100.0

Note: Appeal data is current through May 1999  
 Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

Table 14. Results of appeals of orders issued, FY98

Appeal type	Issue		Affirmed	Reversed	Withdrawn	Dismissed	Stipulation	Other	Partial	Total
Director	Fee/unpaid	N	3	1	3	5	2	2	0	16
		%	18.8	6.3	18.8	31.3	12.5	12.5	0.0	100.0
	Palliative care	N	1	0	0	0	0	0	0	1
		%	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
	Medical services	N	12	4	12	3	2	0	1	34
		%	35.3	11.8	35.3	8.8	5.9	0.0	2.9	100.0
Treatment	N	6	1	5	3	2	1	0	18	
	%	33.3	5.6	27.8	16.7	11.1	5.6	0.0	100.0	
Grand Total	N	22	6	20	11	6	3	1	69	
	%	31.9	8.7	29.0	15.9	8.7	4.3	1.4	100.0	

Note: Appeal data is current through May 1999.

Due to rounding, percentage totals may not equal 100.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

Table 15. Unresolved disputes as of July 1, 1997

Issue	Beyond time line		Within time line		Total	
	N	%	N	%	N	%
Change physician	1	16.7	5	83.3	6	100.0
Fee/unpaid	6	8.1	68	91.9	74	100.0
IME	0	0.0	1	100.0	1	100.0
Palliative care	2	33.3	4	66.7	6	100.0
Medical services	6	21.4	22	78.6	28	100.0
Treatment	30	47.6	33	52.4	63	100.0
Grand total	45	25.3	133	74.7	178	100.0

Note: Change of physician, IME time line = 45 days from receipt.

Fee/unpaid time line = 60 days from receipt.

Palliative care time line = either 30 days (no panel) or 75 days (panel) from receipt.

Treatment time line = 60 days from receipt.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

Table 16. Unresolved disputes as of July 1, 1998

Issue	Beyond time line		Within time line		Total	
	N	%	N	%	N	%
Change physician	4	50.0	4	50.0	8	100.0
Fee/unpaid	5	45.5	6	54.5	11	100.0
IME	0	0.0	1	100.0	1	100.0
Palliative care	11	84.6	2	15.4	13	100.0
Medical services	32	34.4	61	65.6	93	100.0
Treatment	54	60.7	35	39.3	89	100.0
Grand total	106	49.3	109	50.7	215	100.0

Note: Change of physician, IME time line = 45 days from receipt.

Fee/unpaid time line = 60 days from receipt.

Palliative care time line = either 30 days (no panel) or 75 days (panel) from receipt.

Treatment time line = 60 days from receipt.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.



## Appendix D (cont.)

**Table 17. Backlog of disputes beyond time lines, FY98**

Issue		Jul-97	Aug-97	Sep-97	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98	Apr-98	May-98	Jun-98
Change physician	Sum	1	3	1	2	4	2	3	1	4	3	6	5
	%	2.2	6.5	1.2	2.4	2.9	1.5	2.1	0.6	2.9	2.7	5.8	4.6
Fee/unpaid	Sum	6	9	30	15	33	3	0	0	1	1	1	4
	%	13.3	19.6	37.5	18.1	23.9	2.3	0.0	0.0	0.7	0.9	1.0	3.7
IME	Sum	0	0	0	0	1	0	1	1	1	0	0	0
	%	0.0	0.0	0.0	0.0	0.7	0.0	0.7	0.6	0.7	0.0	0.0	0.0
Palliative care	Sum	2	1	1	3	6	4	1	4	4	6	7	12
	%	4.4	2.2	1.2	3.6	4.3	3.0	0.7	2.5	2.9	5.4	6.7	11.1
Medical services	Sum	6	5	15	30	64	91	106	114	89	58	47	42
	%	13.3	10.9	18.8	36.1	46.4	68.9	73.6	71.7	64.5	52.3	45.2	38.9
Treatment	Sum	30	28	33	33	30	32	33	39	39	43	43	45
	%	66.7	60.9	41.2	39.8	21.7	24.2	22.9	24.5	28.3	38.7	41.3	41.7
Month Totals	Sum	45	46	80	83	138	132	144	159	138	111	104	108
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Change of physician, IME time line = 45 days from receipt.  
 Fee/unpaid time line = 60 days from receipt.  
 Palliative care time line = either 30 days (no panel) or 75 days (panel) from receipt.  
 Treatment time line = 60 days from receipt.  
 Table includes disputes that have been deferred.  
 Due to rounding, percentage totals may not equal 100.

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.

**Table 18. Disputes with MCO involvement, FY98**

MCO		Fee/unpaid	Palliative care	Medical services	Treatment	Total
Managed Healthcare NW	N	2	0	15	30	47
	%	4.3	0.0	31.9	63.8	100.0
Providence Vantage	N	3	6	28	17	54
	%	5.6	11.1	51.9	31.5	100.0
Oregon Health Systems	N	0	3	18	10	31
	%	0.0	9.7	58.1	32.3	100.0
Kaiser	N	0	0	1	0	1
	%	0.0	0.0	100.0	0.0	100.0
First Health	N	0	0	1	1	2
	%	0.0	0.0	50.0	50.0	100.0
Grand total	N	5	9	63	58	135
	%	3.7	6.7	46.7	43.0	100.0

Note: Due to rounding, percentage totals may not equal 100.  
 Source: Oregon Department of Consumer & Business Services, Research & Analysis Section.